

**Allergies & Medications
You Cannot Take — Why?**

Date of Immunizations:

Tetanus _____
Influenza _____
Pneumococcal _____
Other _____

Organ donor? Yes _____ No _____

Living Will? Yes _____ No _____

Healthcare Power of Attorney

Yes _____ No _____

If yes, who should be contacted:

NAME: _____

PHONE: _____

**Blood
Pressure
Vitals**

Other Important Health Information:

Put a copy of this card where others can find it in case of emergency—in your purse or wallet, on your refrigerator and in the glove compartment of your car.

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